

<i>SERFF Tracking Number:</i>	<i>CMIC-125974268</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMIC-125974268</i>		
<i>TOI:</i>	<i>30.1 Dwelling Fire/Personal Liability</i>	<i>Sub-TOI:</i>	<i>30.1000 Dwelling Fire/Personal Liability</i>
<i>Product Name:</i>	<i>Dwelling Policy</i>		
<i>Project Name/Number:</i>	<i>Computer Generated Application/N/A</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Dwelling Policy	SERFF Tr Num: CMIC-125974268	State: Arkansas
TOI: 30.1 Dwelling Fire/Personal Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 30.1000 Dwelling Fire/Personal Liability	Co Tr Num: CMIC-125974268	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Sheila Andrew	Disposition Date: 01/05/2009
	Date Submitted: 01/05/2009	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Computer Generated Application	Status of Filing in Domicile: Pending
Project Number: N/A	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/05/2009	
State Status Changed: 01/05/2009	Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Cameron Mutual Insurance Company (CMIC) submits for review a new application for our Dwelling Policy automation project. The form is in final printed format. The application is generated by our computer rating system. The application is a hybrid developed from our computer entry screens, the signature section of the ACORD Homeowners application and the ACORD Arkansas Property Supplement.

Company and Contact

SERFF Tracking Number:	CMIC-125974268	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CMIC-125974268		
TOI:	30.1 Dwelling Fire/Personal Liability	Sub-TOI:	30.1000 Dwelling Fire/Personal Liability
Product Name:	Dwelling Policy		
Project Name/Number:	Computer Generated Application/N/A		

Filing Contact Information

Sheila Andrew, Research & Compliance Specialist	sandrew@cameron-insurance.com
214 McElwain Drive	(800) 326-6511 [Phone]
Cameron, MO 64442-1321	(816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company	CoCode: 15725	State of Domicile: Missouri
214 McElwain Drive	Group Code: 532	Company Type: Property & Casualty
Cameron, MO 64429-1321	Group Name:	State ID Number:
(800) 326-6511 ext. [Phone]	FEIN Number: 44-0447850	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	01/05/2009	24827740

<i>SERFF Tracking Number:</i>	<i>CMIC-125974268</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMIC-125974268</i>		
<i>TOI:</i>	<i>30.1 Dwelling Fire/Personal Liability</i>	<i>Sub-TOI:</i>	<i>30.1000 Dwelling Fire/Personal Liability</i>
<i>Product Name:</i>	<i>Dwelling Policy</i>		
<i>Project Name/Number:</i>	<i>Computer Generated Application/N/A</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/05/2009	01/05/2009

SERFF Tracking Number: CMIC-125974268

State: Arkansas

Filing Company: Cameron Mutual Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: CMIC-125974268

TOI: 30.1 Dwelling Fire/Personal Liability

Sub-TOI: 30.1000 Dwelling Fire/Personal Liability

Product Name: Dwelling Policy

Project Name/Number: Computer Generated Application/N/A

Disposition

Disposition Date: 01/05/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Effective upon approval

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMIC-125974268	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CMIC-125974268		
TOI:	30.1 Dwelling Fire/Personal Liability	Sub-TOI:	30.1000 Dwelling Fire/Personal Liability
Product Name:	Dwelling Policy		
Project Name/Number:	Computer Generated Application/N/A		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Dwelling Policy Application	Approved	Yes

SERFF Tracking Number:	CMIC-125974268	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CMIC-125974268		
TOI:	30.1 Dwelling Fire/Personal Liability	Sub-TOI:	30.1000 Dwelling Fire/Personal Liability
Product Name:	Dwelling Policy		
Project Name/Number:	Computer Generated Application/N/A		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dwelling Policy Application	N/A	N/A	Application/ New Binder/Enrollment			CMIC Arkansas Dwelling Application.pdf

Cameron Mutual Insurance Company
Cameron, MO 64429-1321
Dwelling Policy Application

Applicant

Address

Agency Cameron Mutual Home Office
Agent Glen Huffman
1002-300
Phone 816-632-6511

Program Dwelling
Term 12 months
Form DP-3
Deductible \$1,000

Policy Effective Date 01/05/2009
Policy Expiration Date 01/05/2010

Policy Number DP 0000010031
Bound Yes - 01/05/2009 11:08 AM

Remittance Amount \$115.00
Mortgagee Bill No

Coverages

Description	Limit	Premium
COVERAGE L	200,000	\$69.00
COVERAGE M	5,000	\$16.00
TOTAL EMPLOYERS LIABILITY		\$26.00
145 DYER LOOP LITTLE ROCK, AR 72205		
COVERAGE A	52,000	
FIRE		\$139.00
EC/BROAD/SPECIAL		\$216.00
COVERAGE C	40,000	
FIRE		\$206.00
EC/BROAD/SPECIAL		\$138.00
COVERAGE D	35,000	
FIRE		\$155.00
EC/BROAD/SPECIAL		\$74.00
COVERAGE E	25,000	
FIRE		\$111.00
EC/BROAD/SPECIAL		\$53.00
THEFT COVERAGE - DP0472		\$37.00
ON PREMISES	5,000	
OFF PREMISES	4,000	
WATER BACKUP AND SUMP OVERFLOW - DP0495		\$50.00
INCIDENTAL FARMING - DLIFPL		\$47.00
PREMISES ALARM OR FIRE PROTECTION SYSTEM - DP0470		INCL
Total Advanced Premium	(service fee not included)	\$1,337.00

This Policy Application was created using rates in effect at the time it was produced. Final Premium subject to verification of all information and rates in effect at the time of the policy effective date.

Applicants

Type	Name	Date of Birth	SSN	Occupation	Phone
Applicant				LABORER	
Co-Applicant				CLERK	

Property Details

145 DYER LOOP LITTLE ROCK, AR 72205			
County	060 - Pulaski	Farming Operations	No
Usage Type	Primary	Pets	Yes
Number of Families	1	Type or Breed	BLACK LAB
Occupancy	Owner	Trampoline on premises	No
Number of Employees	4	Pool	Yes
Number of Acres on	45	Above Ground	No
Number of Acres off	0	Diving Board	Yes
Under Construction	No	Slide	Yes
Business on Premises	No	Fence Height	6
Dwelling			
Protection Class	3	Water Backup & Sump Overflow	Yes
Construction	Frame	Within City Limits	Yes
Year Built	2001	Miles to Fire Department	3
Structure Type	Dwelling	Fire District Name	LITTLE ROCK FIRE DEPT
Burglar Alarm	Central	Is there a fire hydrant?	No
Fire Alarm	Central	Roof Material	Composition / Asphalt
Type of Heat	Electric	Fireplace	No
Wood Stove	No	Wiring Year	2001
Loss Settlement Options	Replacement Cost	Plumbing Year	2001
Theft Coverage	Broad	Heating System Year	2001
On Premises Limit	\$5,000	Roof Year	2004
Off Premises Limit	\$4,000		

Underwriting

Are any properties for sale? No
Are all properties accessible year round to fire fighting equipment? Yes
Ever convicted of a felony? No

Any uncorrected fire or building code violations?	No
Ever incurred a total fire loss at any location?	No
Are any buildings undergoing renovation or reconstruction?	No
Any other insurance with this company?	No
Are any locations within 300 ft of commercial or non-residential property?	No
Were any structures originally built for other than a private residence and then converted?	No
Any water damage loss resulting in a total payment of \$2,500 or more at this location within the last five years?	No
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years?	No
Have you or any member of the household had any property or liability losses in the last five years?	No

REMARKS

AGENCY CUSTOMER ID: _____

BINDER/SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 88 (2007/11)

INITIALS: _____

ACORDTM ARKANSAS PROPERTY SUPPLEMENT

PRODUCER

APPLICANT/NAMED INSURED

CODE:

SUB CODE:

COMPANY:

EFFECTIVE DATE

POLICY #:

DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE

I HAVE BEEN ADVISED ABOUT THE AVAILABILITY OF RESIDENTIAL EARTHQUAKE INSURANCE THROUGH THE MARKET ASSISTANCE PROGRAM (MAP) AND/OR THE ARKANSAS EARTHQUAKE AUTHORITY AND/OR THE INSURANCE COMPANY TO WHICH I AM APPLYING.

I HEREBY CHOOSE **NOT** TO PURCHASE EARTHQUAKE COVERAGE IN ANY FORM, FROM ANY OF THE ABOVE SOURCES.

APPLICANT'S SIGNATURE _____ DATE _____

CAMERON INSURANCE COMPANY

RECEIPT OF PAYMENT

Insured Information

Applicant

Co-Applicant

Address1

Address2

City

State

Zip

Policy Information

Policy Number DP 0000010031

Effective Date 01/05/2009

Remittance Amount \$115.00 ☐ Cash ☒ Check (No.)

Mortgagee Bill? ☐ Yes ☒ No

Mortgagee Name 1

Mortgagee Name 2

Address 1

Address 2

City

State

Zip

Agency Information

Name & No. Cameron Mutual Home Office 1002

Agent Name Glen Huffman

Address1 214 McElwain Drive

Address2

City Cameron

State MO

Zip 64429

Phone No. 816-632-6511

214 McElwain
Cameron, MO 64429
816-632-6511